UNIVERSITY OF WASHINGTON
GIFT PAYROLL DEDUCTION PLEDGE FORM
OFFICE OF UNIVERSITY ADVANCEMENT

Gift Processing
Box 359505
P: 206-685-1980 F: 206-685-8911

DONOR INFORMATION

Name (Last, First, Middle)	EID: UW Employee ID #	E-mail Address	
Department Name and Address		Box Number	Campus Phone	Campus Fax

FUND I WISH TO SUPPORT

☐ **President's Fund for Excellence**

I wish to support the President's Fund for Excellence via payroll deduction
to the University of Washington **(minimum $1.00 per paycheck).**

FUND SUPPORTED	DEDUCTION AMOUNT (each paycheck)	ANNUAL TOTAL
President's Fund for Excellence	$ **X 24 periods** ▶	$

☐ **Specific Funds**

I wish to support the following funds via payroll deduction to the University
of Washington. I have marked the amount to deduct for each fund during
each pay period (twice each month), and have calculated the total
annualized amount for each *(minimum $1.00 per paycheck per fund).*

FUND SUPPORTED	DEDUCTION AMOUNT (each paycheck)	ANNUAL TOTAL
	$ **X 24 periods** ▶	$
	$ **X 24 periods** ▶	$
	$ **X 24 periods** ▶	$
TOTAL ▶	$ **X 24 periods** ▶	$

DURATION OF GIFT PAYROLL DEDUCTION PLEDGE (must be for a minimum of one quarter or six paychecks)

☐ **Indefinite (Automatic Annual Renewal; default)**
Please renew my pledge automatically each year until I instruct you
otherwise.

☐ **One Year (or specify duration if other than one year):**_____**(minimum duration six checks)**
Please contact me when it's time to renew my pledge. At that time, I will
advise you regarding changes or termination. If I do not respond at that
time, you may renew my pledge, as defined above, for another year.

SIGNATURE OF DONOR

Signature _____   Date _____

Return this signed form to the Gift Processing Office, Box 359505

(for Gift Processing use only)

Date Received at GP	Advance Entity Number	Data Tech Initials	Date Entered on Advance	Effective Payroll Date	Pledge ID Numbers